

Fixed:

DEP Sample Information System
Sample Submission Sheet

LAB USE ONLY

Lab
Number:Date
Received:

Received By:

Collector ID

Sequence No.

Date Collected (MM, DD, YY)

Time Collected (HH MM)

0577

Reason Code:

Cost Center Code:

Program Code:

STD Analysis Code:

02

064

0011

061

SPN

Matrix Code:

Residual Chlorine:

pH less than 2.0?

Yes No

Yes No

Additional Analysis: (from list on back)

+ OSMOTIC PRESSURE

Legal Seal Number

How Shipped

Check If
Broken☐☐☐☐

Collectors Name: _____

Phone: _____

Facility Number

Facility Name

Permittee _____

Permit Number

Discharge Point or

Sampling Location _____

Stream Code

River Mile Index

Stream Name _____

Latitude

Longitude

FIELD RESULTS:

Chlorine (mg/l) (50060) _____

Temp. (°C) (00010) _____

pH (units) (00400) _____

D.O. (mg/l) (00300) _____

Sp. Cond. (µmhos) (00094) _____

Gage (ft) (00065) _____

Flow (cfs) (00061) _____

Flow (mgd) (50051) _____

Comments: